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22850 7590 06/27/2005

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(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/813,038	03/31/2004	Yuuichi Hirano	251076US 2DIV	3827

TITLE OF INVENTION: SEMICONDUCTOR STORAGE DEVICE HAVING HIGH SOFT-ERROR IMMUNITY

09/08/2005 MBEYENE2 00000062 10813038

01 FC-1501	1400.00 OP	02 FC-1504	SMALL ENTITY 800.00 OP	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO			\$1400	\$300	\$1700	09/27/2005

EXAMINER	ART UNIT	CLASS- SUBCLASS
WILSON, ALLAN R	2815	257-903000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1 <u>OBLON, SPIVAK,</u> 2 <u>MCCLELLAND, MAIER</u> 3 <u>& NEUSTADT, PC.</u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Renesas Technology Corp.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tokyo, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies -0-

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Joseph Scafetta Jr.Typed or printed name Joseph Scafetta, Jr.

Date

SEP 06 2005

Reg. No. 26,803

Registration No.

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